

Complaint of Discrimination or Unfair/Unequal Treatment

- Filing a complaint with the Massachusetts Office for Victim Assistance (MOVA) is voluntary.
- Complaints should be submitted within 180 days or one year from the instance of the discrimination alleged, depending on the applicable statute.
- MOVA may or may not forward this complaint to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights; to the U.S. Equal Employment Opportunity Commission; or to the Massachusetts Commission Against Discrimination (MCAD).
- For employment-related complaints, MOVA does not take responsibility for notifying the employer of a discrimination or retaliation claim, nor for filing this complaint with the appropriate agency or court within the required time-period for filing.

DATE: _____

Name: _____

| | | |
|------------|---------------------|-----------|
| First Name | Middle Name/Initial | Last Name |
|------------|---------------------|-----------|

Mailing Address: _____

City/State/ZIP: _____

Phone: _____

Email:

AGENCY AGAINST WHICH DISCRIMINATION CLAIM IS BEING MADE

Agency Name: _____

Agency Contact Person, if any: _____

Mailing Address: _____

City/State/ZIP: _____

Phone: _____

COMPLAINT

1. You're alleging discrimination on the basis of what?

- | | |
|---|---------------------------|
| ____ Race | ____ Color |
| ____ National Origin | ____ Age |
| ____ Religion | ____ Sex |
| ____ Disability | ____ Other, specify _____ |
| ____ Retaliation for bringing a claim, participating in an investigation of a claim, or opposing discriminatory practices | |

2. Date most recent alleged discrimination occurred: _____

3. Location (e.g., building, room, address) most recent alleged discrimination occurred:

4. What happened? Please provide a detailed account of the alleged discrimination.

5. What would be a satisfactory resolution to this matter?

6. Have you filed a complaint or case related to this allegation with any of the entities below? Check all that apply.

____ Office for Civil Rights, Office of Justice Programs, U.S. Dept. of Justice

____ U.S. Equal Employment Opportunity Commission (EEOC)

____ Massachusetts Commission Against Discrimination (MCAD)

____ Federal or state court

____ Other, please specify: _____

7. For any of the above, please provide the information below.

Name of Agency/Court: _____

Date Filed: _____

Case or Docket Number: _____

Last or Pending Date of Hearing/Trial: _____

Location of Agency/Court: _____

Name of Investigator/Agency/Court Contact: _____

Status of Matter: _____

8. Are you represented by an attorney in this matter? ____ Yes ____ No

Complainant's Signature: _____ **Date:** _____

Complaint not valid without signature.

If this form was completed by someone other than the person making the complaint,
please provide all information below.

Name: _____ **Date:** _____

Relationship to Complainant: _____

Agency, if applicable: _____

Complainant's Signature: _____ **Date:** _____

Complainant's signature acknowledges information provided is complete and accurate.

Mail, email, or fax this form to the MOVA Complaint Coordinator.

Mail: MOVA Complaint Coordinator
Mass. Office for Victim Assistance
One Ashburton Pl., Suite 1101
Boston, MA 02108

Email: MOVA@mass.gov

Fax: 617-586-1341

For Official MOVA Use Only

Recd by Complaint Coordinator (signature/date): _____

Date acknowledgment emailed/mailed to Complainant: _____

Agency/date complaint referred: _____

Date/method Complainant notified of referral decision: _____

Attach copies of emailed or mailed correspondence.